PTQ/\$B/21 (09-04) Approved for use through 07/31/2008, OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/815.068 TRANSMITTAL Filing Date 03/26/2004 RECEIVED First Nemed Inventor FORM Karson L. Knutson CENTRAL FAX CENTER Art Unit 3742 Examiner Name Fugua, Shawntina T. (to be used for all correspondence after initial filing) Attorney Docket Number 110348-134668 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) **✓** Petition Amendment/Reply Petition to Convert to a Proprietary Information 1 After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Lendscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name SCHWABE, WILLIAMSON & WYATT, P.C. Signature Printed name Nathan R. Maki Reg. No. Date 51110 03/27/2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the Unified States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/815,068 TRANSMITTA Filing Date 03/26/2004 For FY 2005 First Named Inventor Karson L. Knutson GENTRAL FAX CENTER Examiner Name Fugu, Shawntina T. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3742 TOTAL AMOUNT OF PAYMENT 100.00 110348-134668 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Check None Other (please identify): Money Order Deposit Account Name: Schwabe, Williamson et al ✓ Deposit Account Deposit Account Number: 500393 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1,16 and 1,17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 500 250 100 150 200 130 Design 100 100 50 65 0 200 300 160 80 **Plant** 100 150 600 300 500 300 Reissuc 150 250 **Provisional** 200 100 0 0 n 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiplians
Total Claims
24
26 or HP = Multiple dependent claims Multiple Dependent Cizims Fee Paid (\$) Extra Claims Fee\_(\$) Fee Pald (\$) 50.00 100,00 Fee (\$) HP = highest number of total claims paid for, if greater than 20, 360.00 Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims -3 or HP = 200.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Pald (\$) Number of each additional 50 or fraction thereof Fee (\$) Total Sheets Extra Sheets \_ (round up to a whole number) 250.00 Q. 4. OTHER FEE(S) Fees Pald (\$) Non-English Specification, \$130 fee (no small entity discount) Ď Other (e.g., late filing surcharge):

SUBMITTED BY			
Signature	nothem	Registration No. (Attorney/Agent) 51110	Telephone 503-222-9981
Name (Print/Type)	Nathan R. Maki		Date 03/27/2006

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Patent

Attorney Docket No. 110348-134668 IPN P17741 (Intel Corporation)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of:

KARSON L. KNUTSON et al.

Application No.: 10/815,068

Filed: 03/26/2004

For: MULTI-ZONE REFLECTING DEVICE

FOR USE IN FLASH LAMP

**PROCESSES** 

Examiner: Shawntina T. Fuqua

Art Unit: 3742

Confirmation No.: 8657

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## REQUEST FOR RECONSIDERATION OF FINAL OFFICE ACTION

This communication is submitted in response to the Final Office Action mailed January 26, 2006 (hereinafter "Office Action"). Reconsideration of the above captioned application in view of the remarks to follow is respectfully requested.

Amendments to the claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 6 of this paper.

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